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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

15 JUL 30 PM 3: 55

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) IC,O,N,N,O,R,S, F,O,R,SENATE, ROAD ı FıAıLıRı FıAıXı ADDRESS (number and street) (Check if address is changed) EVELAND HELIGHTS ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address IMC,o,n,n,o,r,s,@,C,h,i,c,a,g,o,B,o,o,t,h,..,e,d,u, is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) COLL DAG SHE (Check if address is changed) · · · DATE FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Michael G. Connors Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Office FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toli Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF C	OMMITTEE Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Name of Candidate	T.H.O.MAS W CONNORS	
Candidate Party Affiliati	on I N D Office Sought: House X Senate President	State OH District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	n rnittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
	ction Committee (PAC):	
(e) <u>i</u>	This committee is a separate segregated fund. (Identify connected organization on line 6.) its co	nnected organization is a
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(9)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number C	

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Write or Type Committee Nar	ne	
6. Name of Any Connected	Opposition & College C	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
		11111
		-
Malling Address		<u></u>
		
		.
	CITY STATE	ZIP CODE
Relationship: Connecte	od Organization ; Affiliated Committee Joint Fundralsing Representative Lea	dership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in posi	session of committee
Full Name Mt I Ct	H¦A, E, L, G, C,O,N,N,Q,R,S, , , , , , , , , , , , , , , , , ,	
Mailing Address	3.0.0 :1: FiAil iRiFiAiX: ROIAID: I I I I I I I I	
	<u> </u>	
	CLEVELAND HEIGHTS OH 441	1.8-
Title or Position	CITY	IP CODE
TIRIEIAISIUIRER	Telephone number 2,1,6 - 5,7	7_7]-[2:9:4,7]
3. Treasurer: List the name and any designated agent (e.g., e	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name of Treasurer MIC ₁ H	AEL, G CONNORS	<u> </u>
Mailing Address	3,0,0,1, FAI REAX RIGAD	<u> </u>
Title or Position	CITY	8-L
LTIREASIURER		17]-[2 <u>.9.4 .7]</u>

CITY

STATE

Telephone number

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ZIP CODE

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Full Name of Designated Agent

Mailing Address

Title or Position

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DANA K. MACCALLUM SUPERINTENDENT HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-711 PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
HAND DELIVERED
USPS FIRST CLASS MAIL 7-30-157-27-15 Date of Receipt Postmark
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USPS PRIORITY MAIL Postmark
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USPS EXPRESS MAIL Postmark
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UPS
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION
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